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THE CANADIAN NURSE

AND HOSPITAL REVIEW

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	Page
The Nurse—A Teacher of Health in the School	649
Lectures on The History of Nursing	653
The Visiting Nurse as a Health Teacher	657
Teaching Practical Nursing	659
The Teaching of Bacteriology to Nurses	661
International Nursing Students	664
Editorial	665
Letters to the Editor	666
Canadian Nurses' Association	667
News from the Medical World	668
Public Health Nursing Department	670
Department of Nursing Education	673
The World's Pulse	675
Canadian Army Medical Nursing Service Department	677
The Nurses' Library	682
Hospitals and Nurses	683

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THE

CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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The Nurse---A Teacher of Health in the School

By ELIZABETH G. BREEZE, R.N.

Read at the C.N.A.T.N. Convention, July, 1920

To speak of the school nurse as a teacher in the public school is possibly to present her to many people in a new character, and also to throw new light on her work. There are still many people, even in cities where school nursing is a well-established part of the school system, and people rather closely connected with educational matters, too, who still fail to recognize in the school nurse a teacher of the first importance. This is due not to inadequacy on the part of the nurse, but rather to routine-bound thought on the part of the people. To them a nurse is a nurse, and a teacher a teacher, and the nurse in the combined role has been given very little serious consideration.

There has been a long road travelled, and a great deal of hard pioneer work done, since the appointment of the first school nurse; and to-day we talk of the nurse as a teacher of health in schools. When the nurse first appeared in our schools her function was thought to be mainly the detection of infectious disease; and, though this, of course, still receives attention, we are striving to change the generally accepted

assumption, that the nurse's presence in the school means disease of some kind, to the real true idea that a school nurse means "health."

We have been told many times that health, like happiness, is largely a habit, and can be cultivated and taught. To the school nurse, therefore, is given a wonderful opportunity of inculcating health habits during the most receptive and habit-forming period.

Health, though under many different names, is really taught and is a part of many of our school activities, though perhaps not so thought of by some. Our sports, for instance, are teaching health —physical drill and exercises; the domestic science, with its teaching of food values, proper cooking and balanced menus; nature study, etc., all should be considered as part of the health programme. These departments are, of course, handled by specialists, some taught entirely by experts, others by the grade teachers under the specialists' supervision; but health, or hygiene, as usually appears on the curriculum, is generally taught by a grade teacher, without any special supervision or without any special preparation.

The teaching of health and the time allotted for it in the curriculum varies according to the various school systems, as does also the part taken in the teaching by the school nurse; but the value of the nurse in this line of work is now being more widely recognized. Happily, the day has gone by when the successful recitation of the bones of the body, the process of digestion, etc., were considered the teaching of health, and a more rational method is now being followed.

We now feel that the end to be gained in teaching health is not *information*, but *action;* not simply knowledge of what is desirable, but habitual practice of the rules of health.

In the majority of our schools at the present time the didactic teaching of health, as laid down in the school curriculum, is done by the teacher, leaving it to the nurse to place the emphasis on the application to daily use. I think it a distinct advantage to the school nurse that it is so arranged; all day, every day, the children have their own class teacher. The nurse, being an occasional visitor, about whom there is more or less glamor and charm, brings to the room a fresh personality and the additional charm of the unknown quantity. "Will the nurse talk to us to-day?" and "What about?" instantly flashes into the children's minds, and she has their interest at once. This given her, the rest depends on the nurse. Her talks should be well prepared and arranged to suit the ages, characteristics and environment of the pupils to whom they are to be given.

In the lower grades the time should be devoted wholly to the formation of health habits; with the older children, whose knowledge is extending, the reasons for these habits may be elaborated and reinforced by more scientific knowledge. Interest and, if possible, participation in the various health activities of the community should be aroused and stimulated in the higher grades.

To successfully teach health to children, a well-thought-out graded plan must be arranged and carefully followed out; but not so carefully, nor the plan so set and iron-bound, that deviation cannot occur. The good teacher watches her opportunities, and often makes fast her teaching at unexpected moments. Where school nurses are supplementing, by monthly or bi-monthly talks, the regular health lessons of the teacher, it is usually wise to arrange the talks with reference to the subject being taken up by the teachers during the month. The talks given by the nurse should be informal, but impressive; she should endeavor to teach the children to think in terms of health and happiness, rather than weakness.

As to methods of teaching health, they do not come into the scope of this paper, but have come into a new era in our teaching. We are using new methods and new ways of applying old methods. Posters, calendars, health stories, demonstrations, competitions, contests, health plays, games, songs, etc., all are now used in carrying out the health teaching.

The school nurse should be the leader of health activities in her school, and the instigator, if necessary, of the teaching of health in a really helpful way. Very few school nurses have time to spend in teaching the routine class work in health required; and it is generally felt that they are more effective in the supplementary talks, special health talks, nutrition classes, health leagues, little mothers' leagues, home nursing classes, etc., and in planning health activities and interesting teachers in health. That is far more important and more valuable and conducive of greater results than the time spent in going from room to room teaching routine lessons. A teacher who is interested in teaching health, and in the health of her pupils, is the greatest help possible to the nurse in teaching and establishing health habits, and also in impressing the lessons taught by the nurse. Many opportunities for emphasizing the health lessons arise during the teaching of other studies, and the co-operation of the teacher is invaluable. Not many children are interested in health as health, but most are interested in being strong and athletic; and the wise teacher, knowing this, will use every means to inspire and help them to do the things that will lead to physical health and well-being.

Co-operation with all other agencies or factors which enter in any way into the school health problem, or should enter into, should be arranged and enlisted. This lack of co-ordination has resulted in much loss of both time and energy in the past. Parents, physicians, teachers, health authorities, parent-teacher associations, men's and women's clubs, the press, and other organizations of various kinds, all can be useful in the teaching of health by the school nurse. To be a successful teacher of health, the nurse must realize that her teaching is not confined to four walls of a classroom.

To come back to our subject, "The Nurse—A Teacher of Health in the School." Is she a teacher? That depends on the nurse, her education, and her conception of her work. Is she teaching health? Some are, and some are not. Some school nurses are routine inspectors only, and are losing a wonderful opportunity. Who is the nurse teaching in the school? Pupils only? We hope not. Most teachers are eager to learn more of health and health work; and here the nurse can do a great deal of teaching, for most teachers realize that this is a subject which they have been most inadequately prepared to teach. The parent-teachers' associations are a part of the school, and here, also, is an opportunity to teach, and beyond the schools are the homes of the children. It has often been said that the school nurse is the connecting link between the home and the school; and we now feel that the school nurse is the health teacher of the children, school teachers and parents.

Have I conveyed to you that I feel that a school nurse should be a teacher in the newer, better way, leaving behind her the set grind and the stiff formal methods? She should be a teacher of health and happiness, and her presence in the school should bring with it that atmosphere.

Now a word about nurses for school work and health teaching—herein lies the difficulty. School nurses must, of course, be graduate nurses, and, in countries where such laws obtain, registered nurses; but we must go farther. The school nurse needs a very considerable amount of special training not at present provided in any of our training schools. She should have special training in public health, social and economic subjects, and in teaching principles and methods. Nurses themselves, after entering this work, are painfully aware of this insufficient preparation for this important work, which is so rapidly assuming such large proportions and is really becoming a national service, and they are endeavoring to supplement their hard-won experience by taking some of the various courses now open to school nurses. To meet this ever-growing demand for further education, many of our universities are establishing public health courses covering various fields of public health work, and extending over various periods of time, and an increasing number of nurses are availing themselves of this opportunity for increasing their usefulness.

First Lesson in Art

A teacher in one of the Boston schools had shown the lower-grade pupils in her room a beautiful picture of the "Madonna and Child," and had asked them to write something about it. One boy of a dozen years handed the teacher the following brief and terse account of the picture:

"I think Mrs. McDonough's baby is just fine."

—*Harper's Monthly.*

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By Maude E. Seymour Abbott, B.A., M.D.,
Curator of the Medical Museum, McGill University

(Continued from Last Month)

LECTURE VII.

The Dark Period of Nursing, and the Rise of Prison and Hospital Reform; the Deaconess Movement and Dawn of Modern Nursing.
(Period Covered, 17th to Early 19th Centuries.)

Authorities Consulted: Life of Sister Dora, Margaret Lonsdale; Life of Elizabeth Fry, Mrs. E. R. Pitman; History of British Nursing, Sarah Tooley, Chap. II.; Life of Dorothea Lynde Dix, by Francis Tiffany.

16

The Dark Period of Nursing and the Rise of Hospital and Prison Reform

Remarks: From the latter part of the 17th to the latter part of the 18th centuries, the art of nursing, status of nurse, and welfare of the patients, were all sunk to the lowest ebb; nurses were of the servant class, ill paid and under fed, doing twelve to fourteen continuous hours' work without relief, and frequently intemperate (Sairey Gamp type). Remnants of these conditions still persist in some Continental hospitals to-day, notably Rome and Vienna. Cause of this degradation lay chiefly in the fact that the status of woman herself, except in individual cases, had sunk very low, and the entire regulation of these institutions was taken out of the hands of women, who are better organizers of a nursing system and best fitted to rule each other, and were subordinated to men.

The first ray of light during this dark period came in the investigations of *John Howard,* the philanthropist, who travelled 60,000 miles, at a personal expense of £30,000, inspecting and reporting upon jails and hospitals, which teemed with numerous abuses, and revealed these to the public through his published statements. In the latter part of the 18th century a great revival of human thought, aspiration and enthusiasm set in, which expressed itself most forcibly in the French Revolution, and was visible in the great revival of nursing institutions and especially in the revival of the deaconess movement of the Early Church. *Hannah More's* first milestones in the emancipation of women from the ignorance and futility of the early 18th century, and Howard's researches, bore fruit, especially in the lives of *Amalie Sieveking* (born 1794) and *Elizabeth*

Fry, with the efforts of both of whom the earliest movements of nursing reform are closely bound up.

Slide 123—John Howard (1726-1790): Prison reformer and, incidentally, the unveiler of hospital abuses as well. Published in 1777 a large volume, of 520 pages, entitled "The State of the Prisons in England and Wales and an Account of Some Foreign Prisons," describing result of his investigations. In 1785, after he had made public the further results of his exhaustive study of prison conditions in Europe in a third edition of this book, he devoted himself to the plague, and for this purpose visited numerous plague lazarettos, and himself became a voluntary inmate of one in order to determine the nature and extent of the quarantine; his work was thus the direct antecedent of that of Florence Nightingale, as well as of Elizabeth Fry.

Slide 124—Dress of physician when visiting a case of contagious disease in the 17th century.

Slide 125—Mme. Neckar, who built a small model hospital in Paris in 1779, and published a book describing it and all the misery and bad hygiene that existed in other institutions of the same kind in the city at the time, and thus introduced signal reforms.

Slide 126—Three of the greatest London hospitals (St. Bartholomew, Guy's and St. Thomas), in the latter part of the 18th century, when hospital reform was just beginning to dawn.

Slide 127—Elizabeth Gurney Fry (1780-1845): Quakeress, prison and hospital and social reformer, "minister" and preacher. A member of a large, vivacious and talented family circle, and an affectionate wife and mother. Exerted enormous humanitarian influence over the early part of the 19th century; reformed Newgate Prison; organized prison and convict work; clothed and fed and introduced better housing conditions among the prisoners, both in Europe, where she travelled thousands of miles, and in distant lands. In spite of the retiring nature of her Quaker life, she met with great public recognition, especially from the Royalty of England, Denmark, Prussia, etc.

Slide 128—Elizabeth Fry visiting prisoners in Newgate Prison. Note Quaker head-dress and sweet expression. Note also various wealthy fashionable co-workers and one of the clergy.

Slide 129—Sister Dora (1832-1878): Belonged to Church of England Order of Good Samaritan. Was the college hospital nurse at Walsall, Birmingham, and the vicinity for many years. Did heroic work in smallpox epidemics, etc., in crowded districts. Was a leading figure among social workers of middle 19th century.

Slide 130—Dorothy Lynde Dix (1822-1887): Born in Maine, U.S.A. Revolutionized the care of the insane in the United States and Canada, and influenced Legislature to introduce State hospitals for the insane throughout these countries. Impetus to social work came to her from Mr. Rathbone, father of workhouse infirmary reform, in 1836, and she began teaching in State prisons in 1840. Memorialized the Massachusetts Legislature about apalling abuses existing in the care of the insane about 1842, with immediate results in the extension of State care. Appealed during the next twenty years in the same way to every State in the Union. Was made a Superintendent of War Nursing at the age of sixteen.

17

THE DEACONESS MOVEMENT AND THE DAWN OF MODERN NURSING. PASTOR FLIEDNER AND HIS WIFE, FREDERIKA, AND THE KAISERWERTH DEACONESSES INSTITUTE.

REMARKS: The work at Kaiserwerth of Pastor Fliedner and his wife in the early 19th century revived the Deaconess Order of the Early Church and developed a widespread system of modern Deaconesses Institutions from very small beginnings. It is of great interest as forming the direct link which carried the inspiration springing from the life of Elizabeth Fry and her predecessors in Hospital and prison reform to its flower and fruit in the life and work of Florence Nightingale. It was at Kaiserwerth that Florence Nightingale was trained, and it was there that the sense of the art of nursing as a vocation began to take form and to find expression before and in her time.

Pastor Fliedner was a remarkable man, of wide philanthropic bent and a broad grasp of the vital principles embodied in the Christian ideals of personal sacrifice as the motive power for salvation from sin and suffering through regenerating love, and he was possessed of a remarkable organizing faculty, to be compared, with his entire character and work, to that of St. Vincent de Paul. He perceived at the outset of his ministry, tha immense value to purposes of social service of orders of religious women bound by no permanent vows but by a sense of vocation, such as were to be found in the Institution of Deaconesses of the Early Church, the Sisters of Charity of St. Vincent de Paul, and the Beguines of Flanders. His first wife Frederika equalled or even surpassed him in the remarkable combination of faculties which made her at once organizer and administrator, house-mother, disciplinarian, and kind friend of sufferer and minister alike. She was born at Braunsfeldt, a place identified in history with the work and life of Elizabeth of Hungary, and was trained to rescue work before her marriage, and to her activities were undoubtedly due much of the initiative and the success of the Kaiserwerth organization. The two began work together in their little parish at Kaiserwerth in 1822; soon after, fire destroyed the factory in it, and Pastor Fliedner set out on foot to raise money for his starving flock in Holland, England and elsewhere; in London he met Elizabeth Fry and saw her work at the Newgate Prison. Returning, he, with his wife, began operations in their own small garden house with a single discharged prisoner, and gradually expanded it to include the care of the sick, orphans and the aged; the work soon developed to a point of immense usefulness, the final outcome being the establishment of homes for the training of Deaconesses in almost every part of the civilized world.

Slide 131—Pastor Fliedner, who founded the Rhenish-Westphalian Prison Association in 1826 and organized the great Deaconesses' Institution of Kaiserwerth on the Rhine, with its numerous branches throughout the civilized world. Pastor and instructor of Florence Nightingale (1851). Died October, 1864.

Slide 132—Frederika, first wife of Pastor Fliedner, mother of the revived apostolic Order of Deaconesses, and the immediate initiator of the art of modern nursing. Born 1800 A.D. Died April 22, 1842.

Slide 133—The small summer house in Pastor Fliedner's garden, which was the origin of the Kaiserwerth Institution. Work was begun here with a single discharged prisoner, Minna, who is seen descending from her sleeping apartment upstairs by the only available means. The figure holding the ladder is undoubtedly Fraülein Göbel, Frederika's first assistant.

Slide 134—The interior of the summer house, showing Frederika receiving two probationers, who enter the door with bowed heads, this being an attitude expressing the humility enjoined upon the true Deaconess. The scope of the work had now been enlarged to include the care of orphans.

Slide 135—A portion of the Kaiserwerth buildings, erected during Florence Nightingale's time, in which the Deaconesses were housed. The second storey window farthest to the left is said to have been the room which she occupied during her stay at Kaiserwerth.

Slide 136—A portion of the Kaiserwerth buildings as they are to-day, showing the immense tree that has developed from a small seed.

Slide 137—Portion of the hospital buildings at Kaiserwerth. Note the costume of the Deaconess nurses, which is the same as that adopted by Miss Nightingale for her nurses in the Crimea.

Slide 138—The garden house as it is to-day. It has been converted into a museum, and Pastor Fliedner's bust is seen in the window.

Slide 139—Sister Julie Bonin, a Kaiserwerth Deaconess, who was capped by Florence Nightingale on a visit to Kaiserwerth after her return from the Crimea, and who was alive at the time of the International Congress of Nurses at Kaiserwerth in 1912.

(To Be Continued)

"'Twas But"

'Twas but a word in sorrow's hour,
I murmured low;
'Twas nothing but a wayside flower
To one in woe:
How little did it seem to me—
That flower wild;
Yet on the word and on the flower
The great God smiled.

'Twas but a hand press and a tear
Where life was sad;
Only a smile of joy and cheer
Where all was glad;
As from a child;
Such tiny deeds they seem to me,
Yet on the hand press, on the tear,
The great God smiled.

The Visiting Nurse As A Health Teacher

By M. Rodger
Manitoba Provincial Board of Health

Read at the C.N.A.T.N. Convention, July, 1920

I have been asked to give a paper on the visiting nurse as a health teacher. The visiting nurse, in my estimation, is certainly a health teacher. She has wonderful opportunities in teaching the simple health rules.

Upon being called to explain little Johnny's defects, she finds a child suffering, with no ventilation, smothered in blankets, perspiring profusely, never been washed, hair in dreadful condition. The nurse immediately sets to work to show the mother just how to care for the child. First of all, sponges it; shows the mother how to keep mouth clean; explains, *re* ventilation, that fresh air is admitted by windows, and, although the bedroom door is open, it is possibly only admitting the used air from the other parts of the house and not the fresh air which is necessary for the child; the need of abundance of fresh air without causing a draught; the use of newspapers in the sick-room. The result is, the child is more comfortable. Mother realizes what it means to have fresh air and cleanliness. It is a lesson she never forgets. Should another such occasion arise, she is ready and knows what to do.

Take the case of a woman with a poisoned hand. The nurse is called by the doctor to show the woman how to apply fomentations. On arrival at the house, she finds the woman's hand filthy. First thing is to clean it up, at the same time explaining *re* infection and the need to keep wounds clean. Soak in hot water containing an antiseptic, then apply fomentation, showing the woman what to do. The result is the hand gets well, the woman realizes what it means to look after a wound right at once, to keep it clean, use of antiseptics, heat, etc. Someone else has a similar hand; no doctor near, applies to Mrs. So and So, whom the visiting nurse fixed up.

Then, in the case of the baby, so often one calls and finds the baby dirty, sucking empty bottle or comforter. Mother in a dilemma to know just the proper feeding for her baby when she weans it. Is it not teaching the laws of health to explain to mother about the feeding of a child nine or ten months old—explaining the digestion of a child that age?

Then, again, in communicable diseases, the nurse can explain the danger of exposing a child to, for e.g., whooping-cough, measles, etc. So many people still think a child must have those diseases and don't realize that the infection is so often at the beginning as well as the end of the disease. The visiting nurse can teach the mother so much by

explaining to her the care that is necessary and the precautions which should be taken to prevent the spread of any communicable disease.

For example, take a mild case of measles: The children are all allowed to play together; because it is a mild case, it is thought to be quite safe, whereas the child should be isolated just as if it was a severe type. The explaining of this to a mother means a great deal. Then the care of the attendant: Quite frequently you will find the mother attending the sick person and, without taking any precautions, lift up another child or perhaps start fixing the dinner. Some of those things seem incredible, but often it is done through want of thought, and here the visiting nurse has a great opportunity of teaching the parent the correct thing to do to prevent the spreading of communicable diseases, and so being a health teacher.

Where the visiting nurse comes in greatly as a health teacher is in rural districts where the home is practically isolated and the mother has little communication with the outside. Here the nurse can do so much in teaching the mother *re* the care of her children, care of the teeth, and explaining *re* the permanent teeth, as so many of those mothers never get to public meetings and never have the opportunity of hearing about those things. Then, again, there is the mother who is so occupied at home and does not have time to take advantage of such meetings, and the visiting nurse is often a great advantage and the health teacher in such a case.

The last part of my talk is on the persistent dirty family. Children come daily to school dirty; home is dirty, mother is dirty. The visiting nurse calls and explains the need of sending the children to school clean; perhaps helps to wash the dishes, just in a round-about way, to show them how they should do, or she may sweep the floor. Personally, I have had families where that has done good, but what can one do when nothing seems to penetrate and tell them the ordinary laws of health? We are always advancing with the times, and I feel sure that, as the years advance, it will be realized more and more that the visiting nurse is a teacher of health. It is hoped that many more will be stationed throughout the country in the near future. It is a great benefit to mothers to have the advice of the visiting nurse, who has a better opportunity of explaining and demonstrating her work right in the home where she sees the real conditions under which the people live, and can thus give advice accordingly.

A man's true greatness lies in the consciousness of an honest purpose in life, founded on a just estimate of himself and everything else, on frequent self-examination, and a steady obedience to the rule which he knows to be right—without troubling himself about what others may think or say, or whether they do or do not do that which he thinks and says and does.—GEORGE LONG.

Teaching Practical Nursing

By F. E. Strumm

Read at the C.A.N.E. Convention, Fort William, July, 1920

In regard to telling you anything about "Teaching Practical Nursing," it is almost a case of there being "nothing new under the sun" about which to speak.

You are all aware of the difference between the old and new way of teaching nursing. In the old way the probationer was put at once in a ward to do as best she might the work of a junior nurse, picking up the methods of working as she went along, with more or *less* instruction from her head nurse.

The new method gives a course of preliminary training, placing the probationers in classes under instructors who teach them in the classroom before they enter on ward duty.

Practical nursing is taught by demonstration, lectures and carefully supervised practice. In different hospitals such preliminary instruction is given for periods of different lengths, varying from a few weeks to the entire probationary period, which, in a number of schools, is six months. Either system has its advantages and disadvantages.

In the old way an advantage claimed is that the pupil at once comes in contact with the patient, and early shows whether or not she has the qualifications for her work, such as patience, observation, tact, etc.; but surely the fact that in this old state of things the patients were subjected to the care of entirely untrained women offsets anything that could be said in its favor. Besides, such teaching could not be thorough or uniform.

In the new method the pupil is under an instructor chosen especially for her ability to teach, and with the teaching of her pupils as her most important duty.

The pupils are taught the best methods thoroughly, and their work is under close supervision. The pupils benefit, and the patient runs no risk of unskilful handling. An objection to this method has been suggested, and that is the possibility of the patient being so much material for the benefit of the nurse, which attitude is far from the ideals of our profession.

The most important part of the nurse's education is her thorough instruction in practical methods. It is what she comes to a hospital to learn, and something she cannot get from books or lectures. A good text-book is necessary, both for reference and to establish uniformity of methods.

In our own school we have a demonstration room containing four beds, a Chase's doll and all the necessary equipment for the care of patients, for bed-making and giving the various treatments which come

within the province of the nurse. In place of the doll, a convalescent patient is sometimes brought over from the ward, or the nurses take turns in being patients, and in that way realize what it means to be handled as a patient as well as to handle one.

With us an instructor has full charge of this work. In the beginning of their training the pupils are first shown how to make the various beds, e.g., closed, open, ether, ambulance, and the disinfection of beds.

The schedule sets apart a portion of each day for the practice of bed-making. Beds are made in the Nurses' Home, and each morning a certain number of class nurses are sent to the wards, from seven until nine o'clock; there they assist in making beds and in the general preparation of the wards for the day. In this way they become more proficient, and, by the time their preliminary class work is completed, they are able to take up the daily routine of ward work much more readily.

The Tale of the Years

Summer and winter and spring,
Heat and cold and the rain—
This is the tale the years bring,
Blessing and bane.
Labor and reaping that's sweet,
Twilight and day and the night,
Seed and the soil and the wheat,
Darkness and light.
God made His earth for man,
Home for a little span.

Sowing and gleaning and rest,
Sorrow and mirth and a smile,
Glow in the east—in the west,
Day for a while.
Flowers to garland the earth,
Flowers to lay o'er the dead,
Tears and some sighs and some mirth,
Earth for a bed.
God gives His call to man,
After a little span.

A. McGillicuddy.

Your minds are endowed with a vast number of gifts of totally different uses—limbs of mind, as it were, which, if you don't exercise, you cripple.—Ruskin.

The Teaching of Bacteriology to Nurses

By R. W. Tassie
Former Instructor of Nursing, Vancouver General Hospital

Read at the C.A.N.E. Convention, Fort William, July, 1920

In teaching bacteriology to junior nurses last year, in the Vancouver General Hospital, I entered upon the work with the comforting thought firmly embedded in my mind that my experience in high school teaching would be of inestimable value in my new work. How erroneous this idea was I discovered later. As time progressed, I began to see that a course in public school methods, sometimes, it seemed to me, in kindergarten methods, would have been of much more use. No doubt my experience was of some aid to me in planning the lessons; but as far as the presentation of them was concerned, I discovered, when examining note-books, that I was, to use a common expression, "talking above the pupils' heads." I did not find that there was a lack of attention or interest, but that some—in fact, a majority—of the students frequently failed to grasp the most essential points; that these were either omitted altogether in the notes or else were grossly distorted. Having been accustomed myself to taking notes from lectures, I did not understand that this was not equally easy for everyone, and, as the notes in my training school were dictated according to time-honored custom, naturally my fellow-students did not meet with this difficulty. As I have an insuperable objection to dictating, for it seems to me that this robs any subject of interest both for pupil and teacher, I did not wish to resort to this method in order to secure well-written, orderly notes. I realized later that, although the nurses had at least one year's high school education, yet, as a rule, they had been out of school for some time previous to entering the hospital, and had therefore lost the "habit" of studying; the ability to distinguish important factors and to discard those of lesser value; so that, if I were again teaching any subject to nurses, I should simplify the material until, in my opinion, it could be assimilated by "babes and sucklings"; then only should I feel that the pupil nurses might grasp the facts that I was trying to impress upon them. In other words, I should attempt to teach only the most important facts, and to state these in the simplest and most concise way possible.

Throughout the course I endeavored to correlate the work as far as possible with practical nursing, physiology, and materia medica; to present the material in such a way that the pupils would feel the necessity of applying their knowledge in their routine ward work, and should feel an impulse forcing them to take greater interest in personal hygiene, not only during their hospital life, but in their home life later on, and also in public sanitation; that they should understand the reasons why

beds, tables, windowsills, should be carefully dusted with soap and water; why food should be covered and placed on ice; why ice-boxes should be kept scrupulously clean; why rooms should be thoroughly aired and sunshine freely admitted; why the hands must be scrubbed before surgical dressings, catheterizations, etc.; why we are so careful in the sterilization of dressings; why waterworks should be installed in every dwelling; and, on the other hand, to disabuse their minds of the idea, too commonly held, that all germs are harmful.

The first lesson, naturally, was devoted to a brief history of bacteriology. After this introductory lecture, I made frequent use of lantern slides, of which I was able to obtain a goodly number, owing to the kindness of one of the instructors in the university. This method of teaching I found invaluable, as it is, of course, a psychological fact that we are much more impressed by what we see than by what we hear. The blackboard was used extensively, also; but, as I am at best a very mediocre artist, I fear that my drawings were sometimes a little grotesque; so that I was very thankful to have an assortment of slides and a good lantern, particularly when teaching morphology. When discussing the methods used in destroying bacteria, I made it a point to become acquainted with the methods used in the wards and operating rooms and in the isolation department of the hospital, and to base my instructions on the work which the pupils had already done along these lines, or would in future do; also to draw attention to the various means devised by those in charge of the hospital to prevent the growth, and to aid in the destruction, of harmful bacteria; as, for example, the sterilizing apparatus in the operating department and the erection of sunrooms and balconies. I was much amused, when correcting examination papers, at the answers given by a resident of Vancouver regarding the relative values of disinfectants. "Sunlight," she wrote, "is our most powerful disinfectant, but, unfortunately, it is not always to be readily obtained." As I was then experiencing my first Vancouver winter, I was forcibly impressed by the truth of this statement! We were fortunate in having a very good laboratory in the Nurses' Home, where several of the classes were held. Having obtained culture media of various kinds from the pathological laboratory, I took swabs from the pupils' throats, finger-nails, finger-tips, palms of the hands, lips, window-ledges, etc., and the results of these experiments we all watched with intense interest. As we had class only once a week, I made a practice of taking the petri dishes and culture tubes to the wards, when making rounds, so that the pupils were able to observe closely the growth of colonies. Later, in the laboratory, smears were made, stained and examined under the microscope. The pupils were immensely interested in this part of the work, and, I think, learned, as they would have in no other way, the necessity for surgical asepsis. I think, too, that it made the drudgery of dusting and cleaning the wards, bathrooms and cupboards a little less irksome. I was very desirous of taking small groups

of nurses to the pathological laboratory to see the pathologists at work, but for some reason this plan did not seem feasible to them. They were all most kind, however, in saving for me interesting smears which they had made in connection with their work, so that I could put these under the microscope and let the pupils see streptococci, staphylococci, tubercular bacilli, etc.

After some time spent in this way, the question was (as I had hoped) put to me by the class, "When there are so many bacteria on our hands, in our throats, in our food, etc., many of which are pathogenic, why is it that any of us can escape disease?" This query led, naturally, to the discussion of immunity, and the unaffected interest displayed made it easy to impress the facts of active and passive immunity upon the minds of students.

In conclusion, I shall quote, verbatim, from an answer made by one of the pupils to the question, "Of what value to you, in your practical work in the wards, was the study of cultures made during the course?" The following is what she wrote: "The study of cultures was very useful, in that swabs were taken from the throat, finger-nails, nose and hair of pupil nurses themselves and grown in culture media; the results in every case were very good; large colonies were formed. This practical demonstration made much more vivid the theoretical teaching, that germs existed in such large numbers in these places, and provided an even greater inducement to cleanliness than the nurses already had. The fact that germs existed in such large numbers on such persons reminded one of what tremendous numbers there must be on those who did not have such inducements to cleanliness. Swabs were also taken from the window-ledges, etc., and the results were so good that, when enthusiasm lagged in regard to dusting and cleaning in the wards, one thought of those large, fast multiplying colonies was enough to prod one on to further efforts." This answer—and there were many others similar to it—shows, I think, that the pupils grasped the idea that I had sought to instil, and that they would endeavor to apply the knowledge gained to protect from infection themselves, their patients and the public.

The timid hand stretched forth to aid a brother in his need,
The kindly word in grief's dark hour that proves a friend indeed;
The plea for mercy softly breathed, when justice threatens high;
The sorrows of a contrite heart—these things shall never die.

CHARLES DICKENS.

They that love beyond the world cannot be separated by it. Death cannot kill what never dies. Nor can spirits ever be divided that love and live in the same divine principle, the root and record of their friendship.—WILLIAM PENN.

International Nursing Students

An Interview with Miss Alice Fitzgerald, R.N.

Miss Alice Fitzgerald, chief of the Division of the League of Red Cross Societies, which has its headquarters at Geneva, has been paying a visit to this country, principally in connection with the establishment of the group of nurses from eighteen countries who are taking the course, extending over the academic year, which, at the instance of the league, has been arranged for these nurses, by the authorities of King's College for Women, Campden Hill, Kensington. Miss Fitzgerald is a graduate of the Johns Hopkins Hospital, Baltimore, where she received her training under Miss Nutting; and her assistant, Miss Florence Waters, who also graduated in the same city, has gone into residence at King's College, in charge of the International Students, the majority of whom have already arrived in London. Miss Waters came to Europe in the first American Red Cross ship in 1914.

Ten scholarships have been awarded by the League, two by Red Cross Societies, and one by Lady Muriel Paget's Mission to Russia, the objects kept in view being to help those countries which have suffered most during the war, or which are most in need of assistance. The choice of the holders has been left in each instance to the National Red Cross Society in the country concerned, and Miss Fitzgerald warmly approves of the selections made. The essentials laid down for holders of the scholarships were that they must speak English fluently, must have a good education, and have remained at school till the age of 18; and must possess the highest nursing certificate that their country gives.

The scholarships are held by nurses from France, Russia, Greece, Italy, Belgium, Poland, Czecho-Slovakia, Serbia, Roumania, Portugal, Switzerland, Peru, and Venezuela, and the group also includes students from England, Denmark, Sweden, the United States of America, and Canada. The nurses selected are of high standing in their own countries. Thus Denmark has sent Miss Magdalene Tidemond, holder of the Florence Nightingale Medal for this year; Greece, Mlle. Athena Messelova, Matron-in-Chief of the National Nursing Service; Switzerland, Mlle. Erika A. Michel, Superintendent of Nurses at the Lindenhof Hospital, Berne; and Canada, Miss Jean Browne, who has already had considerable experience in public health nursing.

It is the hope of the League that the Red Cross Societies will develop a peace programme, and that the students, when they return to their own countries, will carry on educational propaganda.

—*The British Journal of Nursing.*

The blessed work of helping the world forward happily does not wait to be done by perfect men.—Eliot.

Editorial

The autumn is usually set apart by the various affiliated associations as the season when new work or renewed efforts are directed towards the improvement of nursing conditions and the knitting together of all our associations in one effort to be a real part of our National Association. This would seem, then, the most favorable time to bring again to the prominent notice of all nurses the magazine and its wants. The *Canadian Nurse* magazine does act as a bond between all associations throughout the Dominion, and also acts as a personal bond through the notes about hospitals and individual nurses. That it could be made more valuable, no one doubts for a minute; and that it would be so, did each nurse subscribe to it, there is also no doubt, either on the part of the Editor or of the Executive Committee of the National Association.

The following quotation from the current issue of the *American Journal of Nursing,* when introducing the need of increasing the subscription price of their magazine, is true of conditions in Canada as well:

"This does not mean that the *Journal* income is falling off; but it does mean that all expenses of printing, publishing and mailing have increased during the year more rapidly than the normal growth of the magazine can keep pace with. . . . Our employees and our printers are co-operating with us, so that we may honestly say that there is no waste or extravagance in the management of the *Journal;* but, even with all these efforts to curtail our expenditures, we cannot maintain our position safely without the help of our readers."

If this be true of the *American Journal,* with its large number of available subscribers in the United States, how much more must be our need of great, concerted, and never-ending work in bringing the needs of the *Canadian Nurse,* the only nursing journal in Canada, before each graduate, and her responsibility to it pointed out. If each graduate nurse in Canada subscribed, there would be a larger and better magazine, and the comfortable feeling that the finances of the magazine were on a sound footing.

An urgent call has gone out to all affiliated associations by the President, Miss Dickson, who, in her appeal, says:

"As President, I would remind you that the magazine is the property of the graduate nurses of Canada. By a majority vote the associations undertook to publish the magazine.

1. What have you done to help and improve the magazine?
2. Are you a subscriber, and do you read the magazine?

3. Are you proud of the magazine, and do you wish to retain it?

The cost of the magazine is only two dollars a year, the cheapest nursing journal on this continent—less than four cents a week. If each nurse subscribed, at least 5,000 names would be on our list.

Letters to The Editor

C. E. Z. Mission Dispensary,
Rainawari, Sprinagar-Kashmir,
North India.

Dear Madam:

You will be sorry to hear that our hospital has met with an awful catastrophe, it has been destroyed by fire. Unfortunately, by the upsetting of a full drum of kerosene oil, which ran all over the place, in the fright and hurry a lighted lamp was broken. War and fire are indeed enemies of destruction. We are now rebuilding by voluntary contribution, which is very difficult work indeed in these days of high rates of labor and building materials and adverse exchange of the rupee. The top and middle floor wards are nearly finished. The bedsteads for these wards have arrived, and the blankets are on their way to us.

No fire insurance company will take over the insurance unless the water supply is made perfect. The engineer of the P.W.D. came and looked at our water supply; he says, although we live on the hill, the water supply can be made good at a cost of £50.

We have been corresponding with the State about the electric lighting, now that our electric station has been erected near us, for this part of the city. The answer came two days ago, saying His Highness the Maharajah Sahieb would be pleased to give free grant of electric current for lighting and dispensary and hospital, but we must put in the electric installation at a cost of £50. This is most urgent, as, if we do not get it all in within six months, from April 1st, 1920, we forfeit the grant of free lighting.

Do you think you can, of your charity, very kindly put an account of our need in your Canadian nursing paper asking if readers can send us from 6d. upward for the electric installation, as a birthday thankoffering? The very smallest sum will help. If you can do this, we shall indeed be most grateful. Any money sent will be acknowledged by return post and in our annual report.

Believe me, madam, yours faithfully,

E. M. NEWMAN,
Lady in Charge of Rainwari Branch.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss H. M. Dunlop, 209 Stanley Street.
Second Vice-President—Miss J. Craig, Western Hospital.
Secretary-Treasurer—Miss Susie Wilson, 638a Dorchester St., W.
Registrar—Mrs. Burch, 175 Mansfield Street.

The annual meeting of the C.N.A. was held in the club-room on Tuesday afternoon, October 19th. There was a large attendance. The election of officers for the coming year was the chief business.

Miss Maud Schneider and Miss Florence Thomson have returned from a pleasant trip through Canada with the Imperial Press delegation.

A Club for Blinded Soldiers

Unique among the plans for returned war cripples is that developed by Toronto, Canada, for the care of her blind soldiers. The Queen City will shortly have the distinction of having the only blind soldiers' club in Canada. Named after Sir Arthur Pearson, the blind founder of St. Dunstan's, Pearson's Hall will be a home in every sense of the word for blinded soldiers who have no one to care for them—a place where they will not only be able to find a welcome retreat and enjoy the fine social atmosphere of the club, but one where they may also secure permanent board and lodging if they so desire.

Seventeen rooms compose the spacious residence which at present houses the club. On the lower floor are the reception-room, recreation-room, dining-room, kitchen, and a classroom, while upstairs are twelve bedrooms and a workroom. The hangings and curtains are of chintz, and the furnishings are such as are intended to give a homelike atmosphere to the club. Large, easy rockers invite the soldiers to a pleasant smoke and the companionship of an evening before a cheerful fire. In short, says *The Modern Hospital* in describing the club, "nothing has been neglected which will add to the comfort of the blind soldier in letting him know that Canada aims to repay him for the sacrifice he has made."

News from The Medical World

By Elizabeth Robinson Scovil

It is said that one of the surest and best prophylactics against the poison of ivy and sumac is the use of soap and hot water. The Rhus poison, after being deposited on the skin, requires a certain time to penetrate. If this penetration can be prevented, irritation and the eruption that follows it can be prevented. Soap and hot water is also a good curative agent when the affection has developed.

A Clinic for the Well

It is stated that a medical clinic for those who are well is being established at London, Ont. It is proposed to have well people come to the clinic for examination, so that they may learn whether they are suffering from incipient disease, so as to secure treatment before it is too late. A moderate fee is to be charged for each examination.

Ether in Whooping-Cough

A French physician uses injections of ether in the buttocks in whooping-cough. It is a question whether it acts by attenuating the tendency to spasms or by direct disinfection of the tissues. He had never given more than three injections in one case.

London Surgeons

Dr. E. A. McCulloch, of Toronto, has expressed his opinion of London surgeons in a letter to the press. He says: "In Canada and the United States we always considered that we had the finest surgeons in the world. Without disparaging our own men, I will freely admit that, in the large hospitals in London, I saw a better system of handling patients, operations more quickly performed and just as skilfully, and a personal modesty in the part of the operator which is not a conspicuous attribute of our own surgeons. Vienna and Berlin were the lodestars of post-graduate students; London may be, in future, the medical Mecca of the world.

Shock

In a paper on this subject in the *Canadian Medical Association Journal*, Dr. J. W. Richardson, Calgary, says that the most concise definition of shock that he has seen is that it "is a condition marked by gradual and progressive fall of blood-pressure with no obvious cause, such as hemorrhage, alteration of intercranial pressure or heart failure." If external heat is applied to the body, shock may be prevented, or even arrested. The head should be lowered, transfusion of blood tried, un-

der certain safeguards. The most valuable stimulant seems to be adrenalin, administered slowly and intravenously.

Vaginal Poisoning

Several cases of poisoning by douches of a solution of bi-chloride of mercury have been reported. In one case a tablet was inserted in the vagina; in another the tablet was placed, undissolved, in the bulb of a syringe. The self-administration of this dangerous drug may cause fatal results.

Society of Anesthetists

A Canadian Society of Anesthetists has been incorporated by letters patent of the Dominion Government. Its aim is the promotion of the science, practice and teaching of anesthesia.

Energy Expended in Household Tasks

In a paper written by two members of the Office of Home Economics, U. S. Department of Agriculture, it is stated that light tasks, such as sewing, crocheting or embroidering, call for an average expenditure of about nine calories an hour more than would be used if the person doing them sat quietly in a chair. Harder work, as washing, sweeping and scrubbing, demand at least 50 calories an hour. It is important to have the implements used fit the worker. The mere change in the height of the table at which work is done may cause from 20 to 40 per cent. in the calories required. In the sick-room a very small degree of discomfort, or added effort, wastes a relatively large fraction of the patient's strength and energy. Even sitting up and dressing means a real cost to the body, which at times must be avoided.

Fighting Venereal Disease

At a banquet given in Toronto to Miss Violet Trench by the Canadian National Council for Combating Venereal Diseases, the guest of honor said: "Condemnation leads to concealment, the presence of disease does not prove guilt, it may have been contracted innocently. The unequal standard in the sexes is a lie. The standard which is the right of every human being, and one lived up to by many men and women, is absolute chastity before marriage and absolute faithfulness after marriage."

Search thine own heart. What paineth thee
In others, in thyself may be;
All dust is frail, all flesh is weak;
Be thou the true man thou dost seek.

John G. Whittier.

Anybody can afford to be broad-minded when he can't afford to tell the truth.

Public Health Nursing Department

Address public health news items from each province to the following representatives:

Nova Scotia
Miss E. M. Pemberton,
Victoria General Hospital,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec

Ontario
Miss Eunice H. Dyke,
City Hall, Toronto.

Manitoba
Miss Elizabeth Russell,
Provincial Board of Health,
Winnipeg, Man.

Saskatchewan

Alberta
Miss Christine Smith,
Department of Public Health,
Province of Alberta,
Edmonton, Alta.

British Columbia

QUESTION BOX

Questions on public health subjects will be received by the Chairman of the Public Health Section of the Canadian National Association of Trained Nurses, Miss Eunice H. Dyke, City Hall, Toronto. Each question will be forwarded to nurses qualified to discuss the subject.

From a Victorian Order Nurse

The question is often asked, "Is a visiting nurse a public health nurse?" I think there can be no doubt in the mind of the nurse who finds herself the only trained nurse in some of our towns and villages. There she has to give bedside nursing care, be school nurse and social service worker all in one. In the town where I have been nursing for the last year we have a population of about 3,500. A few of these are foreigners, mostly Russian and Polish Jews.

There is no hospital in town, but we have a small house where the nurse lives with a housekeeper. We have two rooms, which are fitted up as wards, and we take in patients who cannot get proper care in their own homes. They pay according to their means, and no one is turned away because they have not sufficient means. Most of our patients are obstetrical cases. I fix the mother and baby up first thing in the morning and leave them to the care of the housekeeper, while I go out to attend my patients in the district. I make nursing, pre-natal, child welfare and social service visits; usually I have an average of from ninety-five to a hundred visits a month.

We have three public schools, with an attendance of about four hundred and twenty-five children. I examine the children once a month. The

schools are old and not built for a school nurse, but, as the cloakrooms have large windows, we use them, and they do very nicely. The children, on a whole, are clean and healthy. The teachers are very good at co-operating with me regarding clean hands and faces and teeth. In the junior rooms we have the names of the little ones on the board, and those who come to school clean and tidy and have brushed their teeth get a red star after their name. There is great rivalry to see who has the most stars at the end of the week. We have printed instructions to the parents on the care of the teeth, heads, etc., and the danger of enlarged tonsils and adenoids. These we give to the children to take home. In serious cases I go to the homes myself and see the parents. We have placed emergency kits in each school, which have been found very useful, as the children frequently meet with little accidents.

We started our well baby clinic last of all. At first it was hard to get the women to understand that it was well babies we wanted, but now the majority are keenly interested. If it will encourage any other nurse, let me tell you that we started our first clinic with one baby, but now we have an average of seven or eight every Saturday afternoon. I hold the clinics at the Home. We have no doctor, but the sick babies I send to their family physician; and any other little advice the mother needs, I can usually suggest something that will be a help to baby. It is difficult to get the foreign women interested; but I have one who comes quite regularly now, so that will mean others will follow. This Jewish woman said to me the other day that she could hardly wait for Saturday to come "to see how much my baby make fat." Through these clinics I keep in touch with all my babies, born either in the Home or the district. If more than two or three weeks elapse without them coming, I visit them to see what the trouble is. Any baby that has to be bottle-fed, I usually go for a few mornings and show the mother how to prepare the milk. We have a Samaritan Committee, composed of some of the ladies of the town, and they keep my cupboards well stocked with extra bedding and sick-room necessities for the P. N. in the district. Any little luxury, in the way of nourishment, or extra milk for a nursing mother, they will supply them for me.

The Nurses' Home is a centre where anyone can come for help and advice. A man, who has lost his wife, comes for us to find a good home for his baby and board. A mother comes about her boy of ten who has gotten beyond her control, and we put her in touch with the Children's Aid Society in the next town.

These are only a few of the many cases which come to the visiting nurse every day.

A letter from Miss Jean Browne, R.N., the following information regarding the personnel of those who are in the class taking the public health nursing work at King's College for Women under the auspices of the International Red Cross Society. There are two nurses from the

United States, and one from each of the following countries: England, Canada, Peru, Venezuela, France, Belgium, Portugal, Italy, Poland, Czecho-Slavonia, Roumania, Servia, Greece and Russia. These represent the highest types of nursing in the countries from which they come. Miss Cowlin, of the London College of Nursing, who was to have been in charge of this group, resigned her position, and Miss Fitzgerald has been appointed in her place.

Miss Margaret Mackenzie, who has recently completed a post-graduate course in public health nursing in Toronto, has been appointed general superintendent of public health nurses in Nova Svotia. Her office will be in the Annex of the Provincial Buildings, as is also the Massachusetts-Halifax Health Commission. Miss Mackenzie is well known in her native province as a graduate and subsequently night supervisor of Victoria General Hospital, Halifax. She has also had experience on the staff of the Ptere Brent Brigham Hospital, Boston, and has an excellent record of overseas military service.

Misses Margaret B. Fothergill, Catharine Graham, Mary Keating and Alice Godard have been appointed for work under the Massachusetts-Halifax Health Commission. The last three nurses are members of the first class in public health nursing in Dalhousie University.

Miss Mary Hayden has been appointed public health nurse for Yarmouth County, with headquarters in Yarmouth.

Miss Gertrude Mackenzie has a similar appointment for Pictou County, with headquarters at Stellerton.

A course in public health nursing has been established at the University of British Columbia, the opening class starting in November. This course is under the combined departments of nursing and public health connected with the University. Miss Mary Ard Mackenzie, B.A.R.N., has been appointed under the department of Public Health and will have supervision of the field work and general arrangement and instruction of those taking this course, with the assistance of Miss Ethel I. Johns of the Nursing Department. Miss Mackenzie is widely known all over the Dominion, having been for several years chief superintendent of the V.O.N. and as president of the Canadian Association of Trained Nurses.

It's easy to laugh when the storm is o'er
And your ship is safe in port;
Yes, easy to laugh when you're on the shore,
Secure from the tempest's sport.
But when wild waves wash o'er the storm-swept deck,
And your gallant ship is a battered wreck,
Ah, that is the time when it's well worth while
To look in the face of defeat with a smile.

E. C. Aurin.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

THE WESTERN UNIVERSITY, LONDON, ONT.

PUBLIC HEALTH NURSING COURSE

(Editor's Note:—This University has, with several others, brought public health nursing into its curriculum. The Western University varies from some of the others in giving this course, not only to graduate nurses, but as an elective in the last year of the under-graduate nurse, a most desirable thing, and one which others will copy, it is hoped. The time-table at the end of the description of the course is, of course, only a tentative one.)

The Western University Executive Committee has authorized an announcement of the course leading to certificate of public health nurse, beginning October 15th, 1920, and running 30 weeks, about 900 hours. Graduate nurses from accredited schools are eligible, and undergraduates who have four months left of their final year may, if the training hospital has arranged an elective choice for these four months, spend it in this course and be credited on their nursing diploma with the time thus spent. About one-half of the course will consist of field work, the nurse spending a certain time, under the supervisor, in the observation and study of school nursing, tuberculosis work, etc., and then being placed to work under the school nurse, tuberculosis nurse, etc., whose work she has thus studied, thus doing the work herself under expert supervision. Each form of public health nursing will be thus first studied and then practiced in this manner. Clinics in contagious diseases, tuberculosis, etc., are included.

The theoretical subjects will include psychology, educational psychology, mental hygiene, history and present status of public health nursing, principles and practice, home economics, dietetics, together with courses taken in conjunction with those given to graduate physicians who are candidates for the D.P.H., including general hygiene, sanitation and public health work, preventive medicine, vital statistics, epidemiology, physics, chemistry and bio-chemistry, geology, prenatal, infant and child welfare, medical school inspection, sociology, gen. P.H. administration and special work in tuberculosis and venereal diseases, contagious hospital and sanatorium administration.

Nurses who have had post-graduate courses, the equivalent of any of these or practical experience, may secure corresponding credits and exemptions.

Public health nurses already in practice, but desiring the certificate, may be allowed credits for experience and also may spread the course over two or more years, thus gradually acquiring the needed credits without suspending their present duties entirely.

The courses are given by the full time staff of the Faculty of Public Health, Faculty of Medicine, and Faculty of Arts of Western University, the whole being under the direction of the Dean of the Faculty of Public Health. A Supervisor of Public Health Nursing, on the staff of the Institute of Public Health, will give the strictly nursing subjects and supervise the field work. The fee of $100.00, no extras, and remains the same whether the course be taken in one academic year or divided over two or more.

NURSES 1

	Monday	Tuesday	Wednesday	Thursday	Friday
9-10	Physics	Prac.	Physics	Prac.	Prac.
10-11	Psycho.	Prac.	Psycho.	Prac.	Prac.
11-12	Gen. Hyg.	Prac.	Prev. Dis.	Prac.	Prac.
1-2		Parasito.			
2-3	Vit. Stat.	Bact.	Tuberculosis	Epid.	Superv.
3-4	Bio-Chem.	Bact.	P. H. Adm.	Superv.	Geol.
4-5	Bio-Chem.		Child Welf.	Pers. Hyg.	Geol.

NURSES 2

	Monday	Tuesday	Wednesday	Thursday	Friday
9-10	P. H. Adm.	Prac.	Vit. Stat.	Prac.	Prac.
10-11	Psych.	Prac.	Prev. Dis.	Prac.	Prac.
11-12	Gen. San.	Prac.	Prenatal 10 weeks	Prac.	Prac.
1-2					
2-3	Superv.	Pub. Sp. 5 weeks Contag. Hosp. 10 weeks	Epid.	Prac.	Prac.
3-4	Sociology	Pub. Sp. 5 weeks Superv. 10 weeks	Superv.	Prac.	Prac.
4-5	Soc.	Pers. Hyg.	Child Welf.	Prac.	Prac.

Courage, brother! do not stumble,
Though thy path be dark as night;
There's a star to guide the humble—
"Trust in God, and do the right."
Though the road be long and dreary,
And its ending out of sight,
Foot it bravely, strong or weary—
"Trust in God, and do the right."

The World's Pulse

By Elizabeth Robinson Scovil

The Drug Habit

The Canadian Government has issued some far-reaching regulations of the drug traffic in Canada. Measures are to be adopted which will make the carrying on of illicit drug traffic practically impossible.

Compared with the three months ending June 30th last year, the amount of cocaine imported into Canada for the same period this year has dropped from 2,373 ounces to 605 ounces; morphine fell from 11,098 ounces to 3,978 ounces, and opium from 7,931 pounds to 992 pounds.

Experts in other countries state that Canada's method of overcoming the drug evil is being copied, and that the system is more comprehensive, more practical, and, indeed, more successful, than any system yet devised.

Sheep on the Battlegrounds

The Royal Agricultural Society sent 430 sheep of the Suffolk, Southdown and Kerry breeds to the neighborhood of the Upper Marne and near Rheims and Chalons. These have multiplied, and the flocks now number 663. The Belgian farmers' wives are enthusiastic over the cattle sent. They are the hornless variety, and were regarded as a great curiosity when they arrived. British cattle, sheep and pigs are also flourishing on the Somme.

Canadian Indians in the War

According to official records, more than 4,000 Indians enlisted for active service with the Canadian Expeditionary Force. This represents approximately 35 per cent. of the Indian male population of military age in the Dominion.

Oil Fuel Instead of Coal

Very successful experiments have recently been made in England in the substitution of oil for coal in locomotive engines. It is said that steam can be raised in half the time required with coal. Pumps and pipes take the place of hundreds of workmen who have to handle the solid fuel, and the furnace is fed automatically, so the fireman is dispensed with. There is no smoke nor cinders to inconvenience passengers.

Straightening Children's Backs

The school of massage at King's College Hospital, London, prescribe crawling exercises for children with curvature of the spine. The

crawling expands the chest and straightens the back. Two curves are used, and various movements of the arms and legs are taught.

An Air Express

Airplanes, flying 100 miles an hour, now maintain a regular daily service between London and Paris, occupying two and a-half hours in the journey. During fourteen weeks, 2,500 passengers were carried by this route. The air way will, in time, be as common a route of travel as the railway.

A Quakers' Pilgrimage

William Penn, the founder of Pennsylvania, is buried at Jordons, in Buckinghamshire. Recently a number of Quakers from the United States visited his burial place. The old Jordons barn at this place is thought to have been built from the timbers of the Mayflower. Only one of the women pilgrims wore a Quaker bonnet.

War Memorials

It has been suggested that the most effective memorial for those who died at the front is the establishment of some form of permanent community service, and that the community house in which this service centres should be erected as the memorial. Where ample funds are not available, schoolhouses may, with a little foresight, be adapted for community centres. Some of the new ones are built with movable seats and partitions to provide room for motion pictures and social gatherings. Bulletin 11 of the War Camp Community Service has some good suggestions. It can be obtained from No. 1 Madison Avenue, New York.

A League of Friendship

General Sir Arthur Currie, Principal of McGill, urges a league of friendship between Great Britain and the United States, without which, he thinks, permanent peace is impossible. The closest kind of international co-operation and understanding between Canada and the United States is also desirable.

Looking Towards Reunion

The preliminary meeting of the World Conference on Christian Faith and Order met at Geneva, Switzerland. It represented eighty churches and forty nations. It developed a new method of friendly conference, replacing fruitless controversy on the differences between the Christian churches. A continuation committee was appointed of Anglicans, Armenians, Baptists, Congregationalists, Disciples of Christ, Eastern Orthodox, German Evangelists, Lutherans, Methodists, Old Catholics, Presbyterians, Quakers and Reformed.

How poor are they that have no patience!—Shakespeare.

Canadian Army Medical Nursing Service Department

"NOTHING BUT A MEMORY NOW"

It was pouring rain, and from the frowsy bedroom window of The Louvre, that famous hostel known to all Canadian Sisters, we looked out on the glistening pavements of Boulogne, with its quaint spires, fascinating shops and crowds of cosmopolitan passers-by. December in France '17 was chilly, damp, and the wind blew up from the channel with a biting insistence, very trying to withstand. But who cared, with the sunshine of the South in sight and two long delightful weeks all to ourselves?

We pinned on our hats at firm angles and sallied down to dinner. At the next table sat two British Sisters, who gazed on our stars with an appraising eye. By the window were two Australians, who smiled gaily at us. They, too, were evidently bound South; while the suppressed mirth from a party of V.A.D. and ambulance-drivers in the corner pointed them out as possible companions.

We had fried sole for dinner—would that it were more than a memory now!—and twisty rolls and white cream cheese, and other items that France alone produces. After dinner, went to bed, first having painstakingly inscribed our names on the blackboard, to indicate to all that two Canadian Nursing Sisters wished to arise at 6 a.m. to catch the Paris express. This public avowal was about where it began and ended, for no 6 o'clock thump on the door was forthcoming, and 6.45 a.m. saw two wild-eyed Canadian Sisters, bundling themselves into their brass-buttoned coats and stumbling downstairs in the dim December light.

"Pourquoi didn't you wake us?" we enquired feebly, but with a good accent (the phrase book hadn't told us how to get up early, though it talked about nearly everything else). A polite shrug was the only answer, and Monsieur pointed his finger at the board, which bristled with every name but ours—they had evidently erased them in a fit of cleanliness. But we had neither time nor fluency with which to argue the point, and so raced across the street and into the station, where a friendly corporal shouldered our luggage and trotted, puffing, behind us, to where a group of Sisters stood outside the carriage door—the most imposing one checking the names off the leave warrant.

We were evidently the last, by their strained expression. Almost immediately the train pulled out into the wintry country-side, and, leaving Boulogne behind, we settled ourselves down for the day, feeling nervously once in a while to see if our bundle of franc notes still reposed in our innermost pocket. Etaples, Abbeville, Avignon (where a scanty lunch was obtained) were passed; the afternoon closed down and 6 o'clock saw us drawing into Paris. Like sheep, we followed our British leader, who, full of confidence, led the way down the platform. Dinner was our object, and that rather soon. Help, and hopes of sustenance in the shape of a valuable little French officer in the uniform of the British Red Cross, met us at the gateway with a cheery but determined smile. Not for nothing had he been conducting parties of strong-minded females from Paris to Cannes for the last year—Canadian and otherwise.

"You will give your luggage to this man," indicating a Scottie corporal, "and you yourselves will, with me, come in the ambulance."

"But we want our dinner," we protested nervously, "and we always keep our bags. You might lose them."

He smiled witheringly and herded us into a grey ambulance, and we unhappily watched the Jock make away with the kit. Would we ever see it again? But who has trusted the Scotch in vain? Not the Sisters, certainly; and it all turned up again in an hour's time as we climbed up into the train that was to carry us another twenty-four hours on our way.

How many nights since, I wonder, have we spent sitting up in a closed carriage, rolled in rugs, the train racing southward, a fat poilu asleep in the corridor outside, and the snores of the British major in the next compartment sounding like a wheezy orchestral accompaniment to the rumble of the wheels! But we slept, in cramped snatches, and awoke to sunrise on the Maritime Alps. We were in a new country; gone were the dreary stretches of snow-covered fields, the slushy station platforms and the bare trees of the North. We hardly knew the war was on. Marseilles platform was filled with a cosmopolitan crowd —pretty girls in gay dresses, smart ladies in frocks that we envied, and everywhere for sale the great baskets of tangerines gay with sprigs of myrtle. The sunshine faded, and our first glimpse of the Mediterranean was by moonlight as the train pulled into Cannes. The air was delightfully warm, and, after an agitated search for a conveyance, we at last found a weedy-looking individual who mentioned that his destination was l'Hotel Esterelle. We all clambered in—British, Australian and Canadian—together and rumbled up the narrow streets. Cannes was gay with light, which itself was a sight to us accustomed to the murky darkness of the coast towns. The shops were filled with Christmas holly. It was almost unbelievable that only yesterday had we been in the slush and blackness of Boulogne; here all was life and color, with only an occasional khaki figure to remind us that the war was still on.

I wonder if anyone knows and appreciates fully what it is to wake up in the morning and realize that don't-have-to-get-up feeling? (Those words should be written in capitals.) It was almost too good to be true; and we sat nervously up as a charming lady came in with a real "petit dejeuner" on a tray, and tried to look as if we were accustomed to it all our lives. From outside in the grand salon came the merry clatter of tongues, for it was Christmas Eve; and the great tree stood in the centre of the room, and round about were dozens of Sisters and V.A.D's, making holly wreaths, winding tinsel and fashioning stylish bows for the fat and delightful cats. No one who has enjoyed the hospitality of l'Hotel Esterelle could ever forget those three delightfull pussies who balanced on the top of the pantry screen during dinner, curled up by the fire at tea-time and visited their friends all day from breakfast onward.

Cannes was at its holiday best for the Christmas season. The fruits and sweets were wonderful to behold—the pastries melted in our mouths. With baskets on arms, we shopped gaily. We patronized everything, from the hairdressers to the curio shops, and invested in linens, laces and gloves; while gay and polite little mademoiselles, pressing us to buy, brought out great treasures of rare and lovely embroideries, and coaxed the francs away from our Scotch and economical pockets. But it was Christmas, and we were far from home and sadly tempted.

The day itself was cool and beautiful, and the early service in the little stone church at the foot of the hill brought out quite a number of Sisters. Then home to breakfast, and a long walk; and, after that, such a Christmas dinner—the kind that we rose from slowly, feeling that we could never look a turkey in the face again. At five came the gorgeous Christmas tree, with presents for all and three gay saucers for the three cats, presented with much merriment. A dance followed; the gayest overseas Christmas that we had ever had.

No one in our profession is addicted to getting up early—of that we are positive; but when the day is fine, a seven-seated car at the door, and the exquisite coast-line of the Mediterranean at our feet, who could remain at home? And so 7.30 a.m. saw a party of soberly-clothed but superlatively cheerful Canadians skimming down the road to Monte Carlo. It was bitterly cold, and we tied ourselves up in rugs and reminisced about home till the pangs of hunger assailed us, and we demanded a stop for "chocolat."

"But breakfast you eat at Monte Carlo," said the perplexed driver, for he was not accustomed to Canadians.

"No," we said, firmly and hungrily, "we're going to get out here."

He regarded us glumly. That meant the first upset in his day's programme. But out we got, and the gayest of French waiters came out, rubbing his hands just as they do in the pictures, and we followed

him into a funny little salon, where madame sat and did lace work by the side of a tiled stove. In fifteen minutes we were on our way again, passing row after row of white stucco villas, with the roses blooming over the doorways, sometimes circling around the bay, where a red-roofed town stretched down to the water's edge. After running smoothly for miles along a road bordered with sycamore and olive trees, upon which the black fruit grew in profusion, and, filled with a yearning for olives, the most agile Sister hopped out, but, judging from her expression as she hastily got into the car again, her experience had been a very sour one.

Monte Carlo is a fascinating spot; and the wonderful Casino, with its white porticos, through which the crowd was commencing to stream, was a sight we enjoyed. No one in uniform was allowed in during the gaming hours; so at 9 a.m. we were politely ushered out by bowing gentlemen with delightful black waxed whiskers, such as we had read about in novels but never before seen. There is no doubt that, as a nation, the French have a charming courtesy of manner that smooths the path of the traveller, though we must confess that the interchange of a five-franc note is a great inducement to the suave bow and the cordial "A'voir M'selle, bon voyage."

Shopping in Nice; a wonderful trip to the edge of Italy, where, leaning our elbows on the great stone culvert that marks the boundary between the two countries, we gazed out over the blue Mediterranean, and a long drive home through the mountains brought our day to a close. We almost had mental indigestion, so much had we seen that was new and interesting; and we crawled thankfully into bed, blessing the man who had invented hot-water bags.

The days passed with terrible rapidity, it seemed to us; but such wonderful days as they were; with the sunshine above, and the sea before us, and the playground of the world, as the Riviera is called, to explore as we would. One day to La Gorge de la Loup, where we motored through the Maritime Alps, crawling like flies on the cliffs till we were above the clouds. Another exquisite sunshiny morning to St. Rafael, and still again to Grasse, where we watched the manufacture of the famous French perfumes—from the crushing of the petals of the violets and roses to the final distilling into the narrow-necked bottles.

But the North was calling us—there in the cold and damp of the Channel towns were the long lines of tents and huts, where the convoys streamed in daily and the work awaited us. So we packed our bulgy holdalls—the like of which we would not have been seen travelling with in Canada; but overseas everybody's possessions seemed to stick out of their kits in unwierdly lumps that always disclosed their identity, which was hardly to be wondered at, considering that, in our dunnage bags, we carried everything from a stove to a set of golf sticks. But pack them we had to; and two mournful Canadian Sisters

stood on the Cannes platform, each clutching a large wicker basket of tangerines, and wishing that leave had only just begun.

H. M. D.

No. 7 Canadian General Hospital.

Congratulations to our American Sisters on the issue of the Bill granting relative rank to the members of the Army Nurse Corps. The measure was attained largely owing to the persistent and untiring efforts of that admirable doyen of the nursing world, Miss Anna C. Maxwell, New York.

The following members of the Reserve of Officers have received the appointment of Nursing Sisters in the R.C.A.M.C.:

Matron—Miss E. F. Pease, A.R.R.C. and R.R.C.

Nursing Sister—Miss F. H. Wylie, A.R.R.C. and R.R.C.

Matron—Miss L. G. Squire, A.R.R.C. and R.R.C.

Nursing Sister—Miss L. C. Savard, A.R.R.C. and R.R.C.

Nursing Sister—Miss R. B. Wurtele (seconded to the Royal Military College).

During September, Colonel and Mrs. J. J. Fraser (nee Nursing Sister G. B. McCullough, A.R.R.C.) visited in Ottawa prior to leaving for the British Honduras, where Colonel Fraser has received an appointment with the British Civil Service. Mrs. Fraser promises a letter to this department after she becomes settled and acclimated.

The Dominion Orthopaedic Hospital, Toronto, transferred to the S. C. R., November 1st, Miss A. J. Hartley, R.R.C. and bar, taking over the duties of matron.

Nursing Sister H. Drummond has been appointed to the staff of the Sick Children's Hospital, Toronto.

Nursing Sister G. Lightbound sailed for England on the 16th inst. It is her intention to take up public health nursing in London.

Nursing Sister G. Halpenny has returned from Simmons College, Boston, where she completed a course in public health nursing. The Jewish Benevolent Society of Ottawa are anxious to obtain the services of Nursing Sister Halpenny, and wish her to proceed to Poland to assist in the scheme for bringing Jewish orphans to Canada.

Matron Jean Stronach, R.R.C., of Sydenham Hospital, Kingston, spent Thanksgiving Day in Ottawa.

Matron Florence Grand has been appointed to the S.C.R. Hospital, St. Anne de Bellevue. This information appeared in the press some days previous to the date upon which Miss Grand's predecessor in office, Matron F. W. Pyke, was notified that her services would no longer be required. Apart from the discourtesy, it would seem as if an injustice has been done Matron Pyke. This incident farther shows the

need of some one to specially look after the interests of the Department of Nursing, S.C.R.

The C.A.M.C. Nursing Reserve provides a large field from which the selection of a matron-in-chief, S.C.R., might suitably be made.

Marriages

At Knox Church, Winnipeg, 28th September, 1920, Nursing Sister Mina Mowat, A.R.R.C., to Mr. R. Douglas Waugh. Mr. and Mrs. Waugh left immediately for Geneva, Switzerland, where they will reside for the next few years.

The Nurse's Library

The Power of the Alumnae. Annette Alison, R.N.; printed by Everett S. Dowdle, Oakland, Cal.

This book opens the door to a viewpoint that is too generally neglected—that of the power of the alumnae, who could so often do more to change conditions in her training school and work for a higher standard of the nursing profession than anyone else. She alone knows the hospital from its inside, its strong points, and the weak features of the training. Miss Alison is to be congratulated on producing this book, and it is hoped that all training school alumnae associations will take advantage of the power that is theirs.

Everyday Mouth Hygiene. Joseph Head, M.D., D.D.S., Dentist to the Jefferson Hospital, Philadelphia; 12mo., of 67 pages, with 39 illustrations. Philadelphia and London: W. B. Saunders Company, 1920. Cloth, $1.00 net.

In spite of constant reiteration that many diseases arise from uncleanliness and decay of the teeth, this book shows clearly that many methods of cleansing the mouth have been failures, and this book makes the proper way clear and definite. Dr. Head is the dentist of the Jefferson Hospital, Philadelphia, and sees the need of clearer instruction to the nurse-in-training.

American Pocket Medical Dictionary. Edited by W. A. Newman Dorland, M.D., Editor *American Illustrated Medical Dictionary.* 11th edition, revised and enlarged. 32mo., of 717 pages. Philadelphia and London: W. B. Saunders Company, 1919. Flexible leather, gold edges; plain, $1.75 net; thumb index, $2.00 net.

Hospitals and Nurses

NEW BRUNSWICK

Miss A. Burns has gone to Toronto to take up work with the Victorian Order of Nurses.

A great many of the graduate nurses, as well as several of the Victorian Order nurses, assisted Dr. Roberts, Minister of Health, in the child welfare exhibit recently held in St. John.

Congratulations are extended to Mrs. W. L. Reid (formerly Julia Peters), Mrs. H. Mercer (Nan Day), Mrs. DeWitt Cairns and Mrs. R. Hawker (Edith Armstrong) on recent arrivals in their families.

On September 15th the nurses gave a novelty shower, in honor of Miss Gertrude Wilson (class 1913), at the residence of Mrs. J. H. Vaughan. Dainty refreshments were served, and a very pleasant evening spent.

Miss Starrs has gone to Fredericton on the staff of the hospital, in charge of the operating-room.

Miss Story has taken the position recently made vacant at the Evangeline Home by the resignation of Miss Starr.

Miss Margaret Davies has returned from overseas.

Miss Geraldine Morris (General Public Hospital, 1917) is taking a special course at the Montreal Maternity Hospital.

Miss Sniven (General Public Hospital, 1915) has accepted a position in the Memorial Hospital, St. Stephen, N.B.

Miss Pearl Fox (1916) has gone to Winnipeg.

Miss Alethea Gilmour (1920) has gone to Detroit to practice her profession.

Mrs. Fox and Miss McDonald (1907) have accepted positions in the Mayo Hospital, Rochester, Minn.

The regrets of the association are expressed at the resignation of Miss Burns, who is leaving the province to take up other work. Mrs. Vaughan has been elected vice-president in her place, and her interest in the profession is well known.

Miss Hattie Blanche, a graduate of the St. John General Public Hospital, who has been in charge of one of the floors in that institution, left recently to assume a responsible position in the Houlton (Me.) Hospital.

Miss Belle B. Howe, who for the past four years has had charge of the surgical outdoor department in the General Public Hospital here,

will neave next Wednesday for New York, to accept the position of night supervisor of the New York Hospital.

A successful pantry and home-cooking sale was held under the auspices of the Graduate Nurses' Association, St. John Chapter, for the purpose of raising money to erect a memorial to commemorate the memory of Nursing Sister Anna Stamers, who was drowned when the Llandovery Castle was torpedoed by a German submarine and sunk during the war. A substantial sum was realized. Miss Ella McGaffigan, convener, was assisted by Mrs. Leonard Dunlop, Mrs. A. Burnham, Mrs. McLellan, Miss Holt, Miss Fraser, Mrs. J. Vaughan, Miss Eva Smith and Mrs. Fenwick McKelvie.

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NOVA SCOTIA

The marriage of Elizabeth, widow of Dr. J. J. Doyle, and Dr. E. V. Hogan, which took place at Long Island, N. Y., is of special interest to members of the medical and nursing professions. Mrs. Doyle has been always a most active and interested member, and was last year, by unanimous vote, elected president of the Graduate Nurses' Association; and as Nursing Sister and Matron at Cogswell Street Hospital she was also most popular. As an eminent surgeon of Halifax, and for his distinguished services overseas, Col. Hogan is also well known. He succeeded Col. Stewart as commanding officer of the Dalhousie Hospital Unit.

Miss Anna Brennen (V.G.H., '19) accompanied her aunt, Mrs. Hogan, to New York, and will remain for some time.

Other V. G. graduates visiting New York this winter are Miss Ethel Redmond and Miss McLean.

Miss Rutherford, who visited Halifax this month after several years' absence, was very warmly welcomed and entertained by St. Joseph's (G. B.) graduates now on duty at Camp Hill Hospital, and other friends.

* * * *

QUEBEC

ROYAL VICTORIA HOSPITAL, MONTREAL

Miss Ada Burton-Morriss (R.V.H., '19) has resigned her position as dietitian in the Ross Memorial Pavilion. Miss Cora Archibald, of the class of 1907, has returned after an absence of several years, during which time she was overseas. She has taken the position left vacant by Miss Burton-Morriss.

Miss V. Peck (R.V.H., '17) has recently resigned her position on the hospital staff, and is doing private nursing.

Miss Ruth Cameron (R.V.H., '17) paid a short visit to the hospital some weeks ago. She was en route from Vancouver, where she has spent the last two years.

Miss Goodhue visited Newfoundland this summer on a holiday trip. While in St. Johns, she was entertained by several R.V.H. graduates.

Recent graduates taking charge of wards are: Miss Lawlor, Miss Mittan, Miss Cruise, Miss Pendleton, Miss McCake, Miss Freeze.

Miss Lindsay ('98) is at present filling the position of night superintendent in the R.V.H.

The nurses have greatly enjoyed, during the summer, the new tennis court given to them by Sir Vincent Meredith. A number of them engaged in a tournament, and a handsome silver cup was won by Miss Mary Lawson, class of 1922.

The annual election of officers took place in the Nurses' Home at a largely attended meeting. Miss Goodhue was unanimously returned to the president's chair.

Miss Dorothy Cotton addressed the assembly, telling of the Roumanian unit, of which she has been chosen matron. The Canadian Nursing Mission has been organized for the purpose of introducing modern nursing methods into Roumania. The mission will sail for Roumania November 5th, on the steamer "Scotian." All of the eight nurses who comprise the mission are Canadian born. Madame Ethel Greening Pentazzi is the organizer of the mission. Miss Helen Kendall, R.V.H. 1916 surgical nurse, served in France with the Canadian Hospital Unit. Miss J. Graham, M.G.H., served in France with C.A.M.C. Miss Olive Fitgibbon, R.V.H., served in France C.A.M.C. Certificate for teaching French. Miss Dorothy Cotton, matron R.V.H., served as Nursing Sister in England and France with the Anglo-American Unit at Petrograd; Acting Matron at the I.O.D.E. Officers' Hospital, London; Matron Camp Hill Hospital, N. S. Miss Garfield MacKay, Newport, R. I., Hospital, went to France with Post Unit; went to Roumania with Carrel Unit. Miss Margaret Killmaster, specialist in obstetrics, graduate Philadelphia General Hospital, served in France. Miss Clare Carter, Winnipeg General Hospital and Boston Cooking School, served in France.

Miss Helen Buck, superintendent Buffalo General, was a guest of the R.V.H. during convention week.

Miss Helen Kendall, who has resigned as supervisor of the operating-room of the Winnipeg General, was a visitor, en route to Sydney, Cape Breton, before sailing for Roumania November 5th.

Miss Janet Slattery is at present assistant supervisor of the operating-room, Winnipeg General Hospital.

Miss Gene Currie and Miss Ruth James have returned from a trip to the coast.

Miss Marjorie Warren is doing special nursing, after a pleasant summer in the White Mountains.

* * * *

ONTARIO

Toronto

The first meeting for the season of the T.G.H. Alumnae was held in the nurses' residence of the hospital on Wednesday evening, October 27th, Miss E. McP. Dickson, the new president, in the chair. After the reading of the minutes of the annual meeting, held in June, and of executive meeting, and discussions on the actual time of the alumnae year and payment of fees, the president, who brings honor to our alumnae, as she is also president of C.N.A.T.N., announced to the association the good news of the establishing of a course at McGill for hospital administration and nurse teachers, and asked if we, as an association, would subscribe individually and send our collection to the C.N.A. to provide a scholarship at McGill for Canadian nurses. After a very short discussion, the association accepted the suggestion, and, at an early date, hope to have a goodly sum to send in. The meeting then adjourned to the reception-room, where Miss Locke, on behalf of Miss Gunn (who, unfortunately, had been called out of town), received the members, about fifty being present, and a social hour was spent, refreshments being served by the head nurses as Miss Locke's assistants. Two members of the undergraduates, Miss Fisher of the senior class singing very delightfully several times and Miss Morrison playing the piano.

The Alumnae Association of St. Michael's Hospital Training School for Nurses held their annual meeting in the assembly hall of the hospital Monday evening, May 10th.

The following were elected for the ensuing year:

President—Miss Julia O'Connor, 853 Bathurst Street, Toronto.

First Vice-President—Miss Mary I. Foy.

Second Vice-President—Miss G. Burke.

Third Vice-President—Miss T. Marrin.

Corresponding Secretary—Miss M. Ballentyne, 18 Elm Grove Ave., Toronto.

Recording Secretary—Miss M. Miller, 61 Simpson Ave., Toronto.

Treasurer—Miss B. Oaks, 148 Frederick Street, Kitchener, Ont.

First Director—Mrs. P. W. O'Brien.

Second Director—Mrs. J. Haffey.

Third Director—Miss B. Walsh.

Representative to Central Registry for Nurses—Miss E. Stubberfield, 477 Parliament Street, Toronto.

Press Representative—Miss C. McBride, 456 Palmerston Avenue, Toronto.

An active campaign is being conducted by the graduates of St. Michael's Hospital for furnishings for the new nurses' residence which is nearing completion. This campaign promises to be a great success.

Woodstock

The first annual meeting of the Woodstock General Hospital Alumnae was held September 27th, at the nurses' residence, the president, Miss M. H. Mackay, in the chair. After a short business session, a miscellaneous shower was given Miss Frances Brooks, a graduate of the 1919 class. Appropriate addresses were given by Miss F. Sharpe and Mrs. V. L. Francis.

Hamilton

Miss Heath, till recently one of the supervisors at Hamilton General Hospital, has accepted a position as assistant superintendent of the Presbyterian Hospital, New Orleans.

Miss McPherson, of the H.G.H., is taking the course in nursing at McGill University, Montreal.

Miss Mary Bremner has returned to the H.G.H. after taking the summer course at Columbia University, New York.

Miss Scarpet, industrial nurse for the Imperial Cotton Co., has returned from Boston, where she had been sent by the company in the interest of her work.

Miss Barclay has severed her connection with Armour & Co., and accepted a position with the Babies' Welfare Association.

The many friends of Nursing Sister Ida Carr will be pleased to learn that she is well enough to leave Gravenhurst, and is now at her home in St. Mary's.

Miss Boyle, who has been doing private duty work in Hamilton, has moved with her family to Detroit.

Miss Edith Insole was presented with a beautiful bag by the nurses of Hamilton's Central Registry, who wish her every success in her new work.

Miss Kathleen Cassin was elected to take the place of Miss Bertha Jamieson, owing to the latter leaving the city, on the executive committee of the Central Registry.

Guelph

Miss Eisele recently resigned as president of the Guelph Hospital Alumnae Association, to accept the position of superintendent of the

hospital in Prince Albert, Sask. Miss Ferguson was elected in her place as presiding officer of the association.

Miss Smith, graduate of the Guelph General Hospital, has left the city, to be on the nursing staff of Melville Hospital.

St. Catharines

The annual meeting of the Alumnae Association of the Mack Training School, General and Marine Hospital, was held September 1st in the Nurses' Home. After the election of officers, and other routine business, Miss Uren served tea, and a social time was thoroughly enjoyed.

Miss Alice Knight (1918) has accepted a position as night supervisor at the Agnew Sanitorium and Hospital, San Diego, Cal.

Miss Helen Nisbet has resigned her position as night supervisor at the G. and M. Hospital, St. Catharines, and has been appointed superintendent at the Cottage Hospital, Niagara-on-the-Lake.

Miss Vera Brebner (1918) has accepted a position on the staff of the Brooklyn Hospital, New York.

Miss Caroline Freel (1919) has been appointed night supervisor of the G. and M. Hospital, St. Catharines.

* * * *

ALBERTA

The annual meeting of the Alberta Association of Registered Nurses was held with the Alberta Hospital Association in Calgary, October 20-22. After the business meeting the relationship between the provincial and local associations was discussed, the opening discussion being by Mrs. Manson, of Edmonton. Opportunities for service under the Red Cross Society, Mrs. Waagen, and the public health section arranged by Miss Christine Smith, which included "The public health nurse as a teacher in the rural districts," by Miss E. M. Davidson; "The public health nurse and the control of acute communicable diseases," by Miss Gladys Thurston, and "How can the public health nurse advance child welfare work in connection with health inspection of schools in the rural districts," by Miss L. E. Runinas; "Child welfare work in the cities," Miss B. Emerson; "The public health nurse and tuberculosis control," by Miss Vocotria Ray; and "The district nursing problem," by Miss G. de Turbeville, closed the programme of papers.

Discussion on legislation desirable for the association and a symposium on training of nurses by the combined associations covered the nursing topics at the meetings.

BIRTHS

HODGESON—At the Montreal Maternity Hospital, Montreal, to Dr. and Mrs. F. Hodgeson (Norah Anderson, R.V.H., 1918), a daughter.

JOYCE—At the Montreal Maternity Hospital, to Dr. and Mrs. Cecil Joyce (Muriel Penny, R.V.H.), a daughter.

JOYCE—On October 1st, 1920, at the Montreal Maternity Hospital, to Dr. and Mrs. C. R. Joyce (Miss Muriel Penny, R.V.H., '13), a daughter.

LEWIS—To Mr. and Mrs. J. A. Lewis (Carrie Humphries, G. and M. Hospital, St. Catharines, 1916), on August 25th, at Kindersly, Sask., a daughter.

MACINTOSH—At Brandon, Man., October 1st, 1920, to Capt. and Mrs. W. M. MacIntosh (Hilda MacDonald, R.V.H., 1915), a daughter.

MCKAY—At the Montreal Maternity Hospital, September 30th, 1920, to Dr. and Mrs. Fred. McKay (Miss Marian Crowell, R.V.H., 1911), a son.

MACMILLAN—At the Montreal Maternity Hospital, August 27th, 1920, to Dr. and Mrs. John MacMillan (Miss Edith Leslie, R.V.H., 1912), a daughter.

MOORISH—At Sceptic, Sask., in August, to Dr. and Mrs. Walter Moorish (Miss Lilian Strachan, R.V.H., '19), a daughter.

SNELGROVE—At Fort William, to Mr. and Mrs. R. A. Snelgrove (formerly Miss Mary A. Robinson, Toronto General Hospital, 1915), a daughter.

STEWART—September 16th, 1920. To Mr. and Mrs. Walter Stewart, 449 Sherbrooke Street, West, Montreal, a son. Mrs. Stewart was Miss May Sharp (R.V.H., '07).

MARRIAGES

BOIVIN-DARCHE—At Danville, Que., September 16th, 1920, the 49th anniversary of the marriage of the bride's parents, Berthe Darche (R.V.H., 1918) to Mr. J. R. Boivin, of Hull, Que.

BROWN-MOORE—On Saturday, October 30th, 1920, at St. John's Episcopal Church, Saskatoon, Doris Marie, daughter of Mrs. E. L. Moore, Cudworth, Sask., to Lieut. LeeRoy L. Brown, D.F.C., R.A.F., of London, England, son of Mrs. M. L. Brown, Anlac, N. B. Mrs. Brown is a graduate of the W.G.H., class '17, and has served two years with the C.A.M.C.

CRAIG-BROOKS—At Woodstock, Ont., New St. Paul's Church, September 28th, 1920, Frances Brooks to Nathaniel Craig, of London, Ont. Mrs. Craig is a graduate of Woodstock General Hospital, class 1919.

DUNCAN-POLLARD—At Nanaimo, October 9th, 1920, Sarah Victoria Pollard (Royal Jubilee Hospital, Victoria, 1920) to Mr. George Marr Duncan.

FARLINGER-MCCORQUADALE—At Embor, Ont., Sept. 4th, 1920, Miss Sara J. McCorquadale (Royal Victoria Hospital, Montreal, 1919) to Dr. Anderson Farlinger (McGill, '17). At home, New Liskeard, Ont.

FREEMAN-EATON—At Wolfville, N. S., on October 12th, 1920, Elmore Blanche Eaton (Vancouver General Hospital), daughter of Mr. and Mrs. L. H. Eaton, to Dr. Edward H. Freeman.

HAMILTON-BOULDEN—At Ste. Anne de Bellevue, Que., on Sept. 22nd, 1920, Muriel Gladys Boulden (R.V.H., 1916) to Mr. James Hamilton.

HARRIS-EMERY—On Saturday, September 18th, 1920, at Christ Church, Wanstead, England, Miss Una Emery (M.T.S., class 1915) to Mr. Norman Harris.

MCLACHLIN-MCPHERSON—In Stratford, at the home of the bride's parents, September 18th, 1920, Fannie Fisher McPherson (R.V.H., 1918) to Lieut. Leash McLaughlin, of Toronto.

MCRAE-MILLMAN—At the Church of the Transfiguration, New York, October 9th, 1920, Elizabeth McKenzie Millman (T.G.H., 1910) to Mr. John Stevens McRae. At home, 84 High Street, Orange, N. J.

LAURIE-DALLIMORE—At 389 King William Street, by Rev. P. W. Philpott, October 16th, 1920, Beatrice Dallimore (graduate of Hamilton General Hospital) to Gavin S. Laurie, of this city.

REID-BRANDON—At Toronto, August 2nd, by Rev. C. W. Watch, Martha Irene Brandon (T.G.H., 1913) to Mr. G. Walter Reid, of Cannington, Ont.

RICHARDS-GALLOWAY—At First Methodist Church, on Wednesday afternoon, October 14th, 1920, by the pastor, Dr. Hughson, Evelyn Grace Galloway (graduate of Hamilton General Hospital), daughter of Mr. and Mrs. Chas. E. Galloway, of 108 George Street, to Albert Edgar Richards, son of Mr. and Mrs. Charles Richards, of Waterdown.

ROBSON-WASHINGTON—At Toronto, October 6th, 1920, Gwendoline Victoria Washington (T.G.H., 1919) to Dr. Russell Beattie Robson, of Walkerville.

SANDERSON-WILSON—At St. John, N. B., September 28th, 1920, Miss Gertrude C. Wilson (General Public Hospital, St. John, N. B., class 1912) to John M. Sanderson, Prince Albert, Sask.

SPICER-MINGAY—The marriage is announced of Miss Ada Madeline Mingay (Vancouver General Hospital, 1917), superintendent of the Drumheller Municipal Hospital, Drumheller, Alta., and daughter of Mr. Frederick Mingay, of Edmonton, to Mr. Erle Daniel Spicer, of Saskatoon, Sask., son of Mr. and Mrs. R. W. Spicer, Nova Scotia, at Lloydminster, Sask., on September 15th.

STEVENS-NASH—At Detroit, Mich., October 6th, 1920, Ada Helen Nash (Victoria Hospital, London) to Mr. Alva Porter Stevens.

TOLLER-FITZGERALD—On Wednesday, October 6th, 1920, by Rev. J. O. Mulvale, Rhea Elizabeth (graduate of Hamilton General Hospital), eldest daughter of Mr. and Mrs. J. H. Fitzgerald, 49 Fairleigh Avenue, South, to John Arnot Toller, of Montreal.

WALSH-TREE—On Wednesday, September 29th, 1920, by the Rev. J. Annesley, Della Maude Tree (graduate of Hamilton General Hospital) to Hiram Albert Walsh, both of this city.

COMBATING VENEREAL DISEASES.

The Canadian National Council for Combating Venereal Diseases was formed in May, 1919. It is a voluntary organization founded as part of the Dominion Government scheme for combating venereal diseases in Canada. Its objects are to assist the Government in its treatment scheme and, in addition, to do all other things possible which will tend to enable the country to rid itself of this scourge.

SUBSIDY AND WORK BY THE PROVINCES

The Dominion Government, through its newly formed Federal Department of Health, has already begun to take an interest in the venereal disease problem. It has planned to launch a campaign against venereal diseases, and with this end in view a grant of $200,000 has been made to the various provinces to assist them in their work. A similar amount will be expended by the provinces, and, through a Department of Venereal Diseases in each province, it is expected that facilities for treatment will be multiplied.

His Excellency the Governor-General has consented to act as patron. The Council is making progress and development by means of its provincial and other committees.

A Committee on Sex Education has been formed, with Professor Peter Sandiford as chairman, and the following members: Dr. O. C. J. Withrow, Dr. Margaret Patterson, Dr. Anne Young and Miss Cherry.

An investigation is to be commenced to determine the amount of syphilis in Canada.

Steps are being taken to interest Canadian Manufacturers' Associations and Boards of Trade in the necessity of working out an educational plan to be used among employers in various parts of the country.

Undoubtedly many employees are infected with venereal disease. The fact that this results in a marked lessening of efficiency is of distinct interest to the manufacturer, and it is believed that a carefully worked out scheme for the education of employees will meet with a sympathetic reception.

This would include the designing of posters, educational pay envelope enclosures, etc., and possibly the use of moving pictures, leaflets, and lectures in factories. Where possible, arrangements should be made for the treatment of infected employees either by plant doctors or at clinics to be established by the government.

Provincial committees are asked to encourage all methods of healthy recreation and especially playgrounds and recreation centres.

The Council is also at work on a plan for obtaining funds to start a widespread campaign in which moving pictures, leaflets, speakers, and the press will play a prominent part.

The Educational Department are arranging for illustrated talks, using lantern slides, films and charts, in clubs, church organizations, manufacturing plants, Y.M.C.A., Y.W.C.A., Home and School Associations, etc. A Speakers Committee for this purpose is in process of formation. Suitable literature for free distribution is being prepared and a monthly bulletin covering the Dominion activities of the Council will be issued.

The wonderful film drama, "The End of the Road," which has been shown during the last two months in Ontario, Alberta, Saskatchewan, Manitoba, and British Columbia, has created and stimulated interest in the venereal disease campaign. Much favorable comment has been received from leading ministers, doctors, lawyers, business men, etc., many of whom have given short addresses in connection with the screening of this film, which has played to capacity houses wherever shown, over 200,000 people having already seen it, and it is still going strong.

Free clinics, which are a part of the government scheme for the treatment of venereal diseases, have been established in Toronto, Hamilton, London, and Windsor, under the jurisdiction of the Provincial Board of Health of Ontario, and more will be opened shortly.

A Florence Nightingale Centennial Calendar is being prepared by the Committee of Education of the League of Nursing Education, the proceeds to be devoted to a fund for the new National Nursing headquarters in New York. The calendar will have an attractive cover, in colors, and will contain a short characteristic quotation from Miss Nightingale's writing for every day in the year.

The cost will be $1.00, and the calendars may be secured in single copies or quantities from Miss Albaugh, National Nursing Headquarters, 156 Fifth Avenue, New York. It is hoped that nursing schools and nursing organizations in Canada will unite with the American organizations in pushing the sale of these calendars, not only as a memorial to Miss Nightingale, whose centennial we celebrate this year, but also as a means of establishing a much-needed centre of nursing information and assistance, which is expected to serve the nurses of the whole country.

The Infinite Love of God

The cross is the sign and the proof to us of the absolutely infinite love of God for us—love which has no limits, and will even suffer for us—that we may live. We know from everyday experience that the suffering of the innocent for the guilt has great power. It is the love of innocent and pure women, for instance, which can alone undo the wrong that men do to those whom they seduce. It is the loving care of the hospital doctors and nurses that undoes the harm done by the employer of sweated labor, who rakes in his shekels at the cost of the health and lives of men and women. All through life, men and women are bearing each other's burdens, and atoning for each other's sins. And the power to bear the burden that another has laid is proportionate to one's own innocence and love. And now into this process comes infinite love and infinite innocence, the love and innocence of the Son of God. Hence we know that in the end all the evil of the world will work itself out on Him and will be expatiated.

Even so, our sinner will not be satisfied. He will not be content to watch and see his Lord suffering for him. His prayer, if he is really repentant, will be, "Lord, give me something to do, give me some burden to bear, that I too may love." This is the instinct of the wholesome man, and Jesus Christ does not deny his request. His answer is, "Be a member of my body; share my suffering for the sins of the world; be crucified with me." And the man will be glad that he is accounted worthy to suffer in the name of the Lord Jesus.

So, and only so, is the Christian salvation perfect. It gives not only forgiveness and peace, but the self-respect which only comes from work. The Church is the body of Christ, and it is only a living body if its members suffer with Him for the sins of the world, and in love and humility try to help others to bear their burden.—Donald Hankey.

Still one thing remains to furnish the house beautiful, without which guests and books and flowers only emphasize the fact that the house is not a home. I mean the warm light in the rooms that comes from kind eyes, from quick unconscious smiles, from gentleness in tones, from little unpremeditated caresses of manner, from habits of forethoughtfulness for one another—all that happy illumination which, in the inside of a house, corresponds to morning sunlight outside falling on quiet dewy fields.—William Channing Gannet.

NURSING BOOKS

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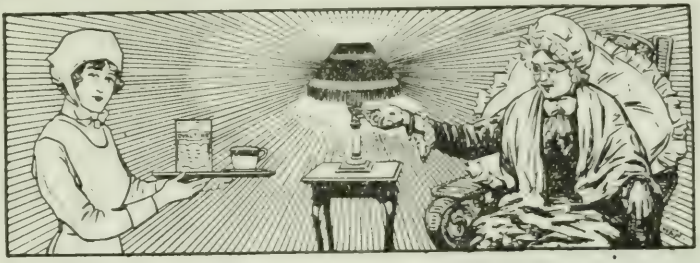

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Registrar—Miss Annie Whyte, Doaktown.

Treasurer—Miss Mitchell, St. John.

Recording Secretary—Mrs. Leonard Dunlop, St. John.

Corresponding Secretary—Miss M. J. Murdie, 35 Carleton Street, St. John; Miss M. Fraser, St. John; Mrs. Jno. Vaughan, St. John.

Regular Monthly Meeting—Second Monday, 8 p.m.

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Conveners of Committees—Finance, Miss E. F. French; Social, Miss H. A. T. Wyman; Sick Visiting, Miss Seguin.

Representative to the "Canadian Nurse"—Miss H. A. T. Wyman.

Regular Monthly Meeting—Third Tuesday, 8 p.m.

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Board of Directors—Miss Stafford, Miss M. Armour.

"Canadian Nurse" Representative—Miss E. Morris.

Regular meeting, 1st Friday of every second month, from May to June, 4 p.m.

THE ALUMNÆ ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL, QUE.

President, Miss Goodhue; First Vice-President, Miss Amelia Campbell; Second Vice-President, Miss Prescott; Recording Secretary, Mrs. E. Roberts, 438 Mt. Stephen Avenue, Westmount; Corresponding Secretary, Miss Prescott, Royal Victoria Hospital, Montreal; Assistant Corresponding Secretaries, Misses Buck and Karn, R.V.H.; Treasurer, Miss M. Etter, R.V.H.; "Canadian Nurse" Representative, Miss L. O'Reilly, R.V.H.

Sick Visiting Committee—Mrs. M. J. Bremner (Convener), 39 Linton Apartments, Sherbrook Street West; Mrs. Paul Johnston, 17 Hope Avenue; Mrs. Walter Stewart, 449 Sherbrooke Street West; Miss Whelan, 308 Drummond Street; Miss Gall, 100 Fort Street; Miss Eaton, 464 Union Avenue.

Regular monthly meeting second Wednesday, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

Hon. President, Miss J. Craig; President, Miss Ada Wilkinson; First Vice-President, Mrs. H. F. McLean; Second Vice-President, Miss S. G. Maw; Treasurer, Miss J. Craig, Western Hospital, Montreal, Que.; Secretary, Miss B. A. Dyer, Western Hospital, Montreal, Que.

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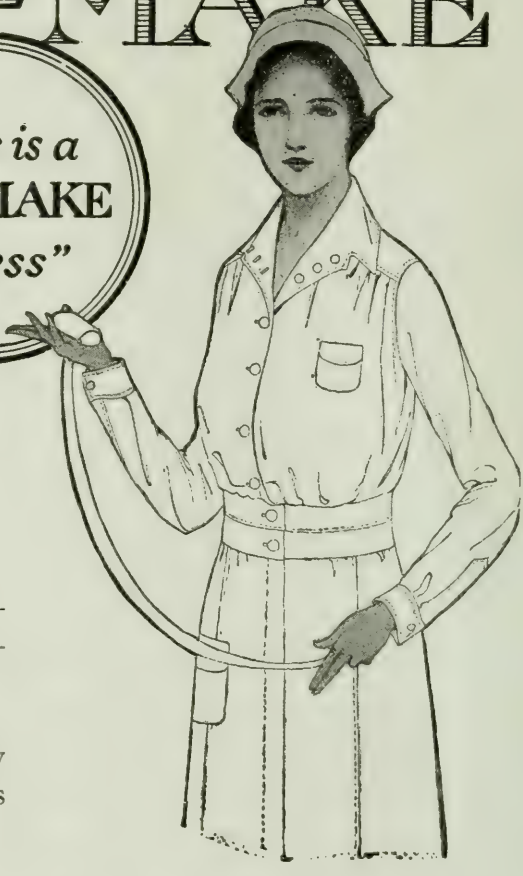

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Regular Monthly Meeting—Last Tuesday, 2.30 p.m.

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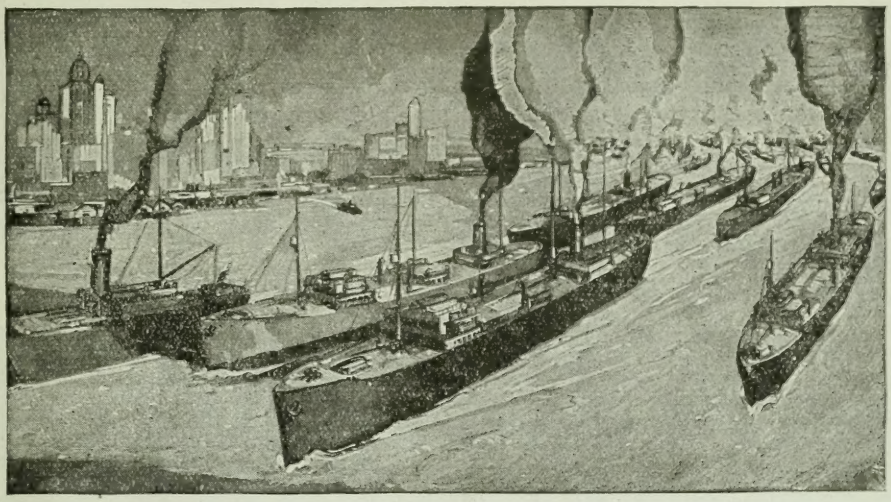

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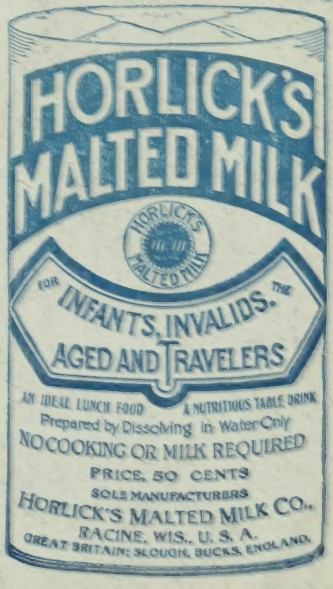
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SOLE MANUFACTURERS
HORLICK'S MALTED MILK CO.
RACINE, WIS., U. S. A.
GREAT BRITAIN: SLOUGH, BUCKS, ENGLAND.

Horlick's Malted Milk Co.

Racine, Wis. Slough, Bucks, Eng. Montreal, Can

Two Important FEATURES—

Unlosable Washer
(Cannot Drop Off)

Pleat All Around
(Gives Large Capacity)

ALL "Meinecke" Ice Bags are fitted with our patented Unlosable Washer and have a pleat all the way round to give extra capacity. These Ice Bags are made of our well known Maroon Rubber which will not get hard, soft, crack or peel off, and they can be depended upon to give the maximum Ice Bag service, either from the viewpoint of durability or utillty.

A—Progress Oblong Ice Bag. Size 7x11. Made of Cloth-Inserted Maroon Rubber. The best all-around Ice Cap made.

B—Perfection Ice Bags. Made in three sizes. namely, small, 5x9, medium, 6x11, large, 7x13 inches. The upper part is made of Cloth-Inserted Maroon Rubber, and the lower part of all Rubber Stock. The box-like pleats permit this Bag to assume a square shape when filled.

C—Army and Navy Combination Ice Bags and Helmets. Made in two sizes, namely, large size, (for adults) 12½ inches in diameter. small size, 10 inches in diameter. Made of Cloth-Inserted Maroon Rubber. This is an unusually good Ice Bag for use in fever cases, as the ice can be centered over the base of the brain. Loops are provided for tying on, in case the patient is delirious. This Ice Cap can be flattened out to form a large round Ice Bag, for use when a large area is desired to be covered, especially over the chest or abdomen.

D—Progress Throat Ice Bags. Made of Cloth-Inserted Maroon Rubber in two sizes, namely, small size, 10 inches, large size, 12 inches. For application to the throat or head.

E—Face and Ear Bags. Made in one size only, of all Rubber Stock, for use on the forehead, back of the ear or back of neck and over the head. This Bag can be used for either Ice or Hot Water. For tying on purposes this Bag is provided with a linen bandage which fits over the Cap

MEINECKE & CO., New York.

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